BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2000								09, 718 531					
•		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS						•	ſ	RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			H minus 20=		. 56			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			€ minus 3 =		3		I	X40=	-	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							ı	+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		j l	TOTAL		
	С		MENDED - PART II (Column 2) (Col			(Column 2)		SMALL	NTITY	OR	OTHER SMALL		
AMENDMENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO	EST BER DUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Ī	X\$ 9=	÷	OR	X\$18=		
	Independent	•	Minus ***			=	Ī	X40=		OR	X80=		
	FIRST PRESE	JLTIPLE DEF	IPLE DEPENDENT CLAIM			Ī	+135=		OR	+270=			
			*			•	L	TOTAL DDIT. FEE	-		TOTAL ADDIT. FEE		
		(Column 1)	(Column 2) (Column 3)										
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	×.	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	CLAIM	=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		<u>:</u>		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	CL AIRA	<u> </u>		X40=		OR	X80=		
	LINOI PHESE	NTATION OF MI	JLIIPLE DEI	CNUEN	CLAIM			+135=		OR	+270=		
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL	~ .	
•••	If the "Highest Nu	mber Previously Pa hber Previously Pa	aid For" IN THI	S SPACE	is less tha	n 3, enter "3."		DDIT. FEE L	ropriate box		ADDIT. FEE I umn 1.		